06608

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN nr. Salisbury — LENGTH OF STAY (In this place) Since 3/11/48	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN XXXXXXXXX Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hospital Salisbury, Maryland	STREET ADDRESS (If rural, give location) 305 Bow St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Albert Viekko Ahlgren				4. DATE OF DEATH (Month) June (Day) 1 (Year) 1950			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH 4/12/17	9. AGE last birthday 33 yrs.	If under 1 Months	1 year 19 Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Finland			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Albert Ahlgren			14. MOTHER'S MAIDEN NAME Hilda Laitinen				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)		16. SOCIAL SECURITY NO. 214-20-9597	17. INFORMANT AND ADDRESS Patient on admission				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hemorrhage	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	7 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/, 1947, to 6/1/, 1950, that I last saw the deceased alive on 5/31/, 1950, and that death occurred at 6:20 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S H Hurdle	M.D.	Salisbury, Md.	6/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Anatomy Board	University of Md.	Medical School

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-6-50	Mrs. Mary W. Holloway	The Hill & Johnson Co	Salisbury Md

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1950
BUREAU V. S.

06609

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cor. Wm. St. and Park St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rutledge
STREET ADDRESS (If rural give location) 401 Morton Avenue

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Earl (Last) Ammon
4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 1905
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engineer
10b. KIND OF BUSINESS OR INDUSTRY Westinghouse Electric Co.
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Ammon
14. MOTHER'S MAIDEN NAME Elizabeth Graham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 186 16 003
17. INFORMANT John Wellhausen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Rademacher (Degree or title) Deputy Medical Examiner; ADDRESS 502 N. Division St. Salisbury, Md. DATE SIGNED 6/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/5/50
NAME OF CEMETERY OR CREMATORY Bellevue Cemetery
LOCATION (City, town, or county) (State) Gap, Pennsylvania
DATE REC'D BY LOCAL REG. 6-2-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co ADDRESS George C. Hill II V1835

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 5 1950
BUREAU V. S.

06610

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
LENGTH OF STAY (In this place) Inf
HOSPITAL OR INSTITUTION OR STREET ADDRESS 518 W. Isabell St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md. Oxford
STREET ADDRESS (If rural, give location) 518 W. Isabell St.

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) Arthur Tony (Last) Bailey
4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 1950
5. SEX Male
6. COLOR OR RACE Cal
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6-4-50
9. AGE last birthday — yrs. If under 1 year Months Days 4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Salisbury Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Bailey
14. MOTHER'S MAIDEN NAME Hytolia Yeunge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Charles Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Premature Birth 30 weeks	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

776x

159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1950, to June 7, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur D. Browne M.D. ADDRESS DATE SIGNED June 8 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-9-50
NAME OF CEMETERY OR CREMATORY Public
LOCATION (City, town, or county) Salisbury Md (State)
DATE REC'D BY LOCAL REG. 6-8-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker M Lacey ADDRESS Salisbury

1-0-6-04-0-23-2-30-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Birth cert. for residence & name

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VS. A15

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JUN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06611

Reg. Dist. No. 332

299

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND LENGTH OF STAY (In this place) 14 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Del. St. Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md.; STREET ADDRESS (If rural give location) 8 Del. St. Ext.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Edgar	Robert	Bailey		6	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Col.	Married	Dec. 1919	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer-Janitor.	None	Tyaskin, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wade Bailey	Nettie McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Costella Bailey

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Compound fracture of skull	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

825.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Salisbury	(CITY OR TOWN) Salisbury	(COUNTY) Wicomico	(STATE) Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
6	1	50	4:38 p.m.			Automobile accident

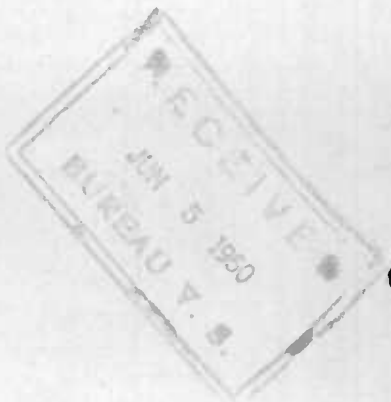
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. A. Rademacher	Dep. Medical Examiner;	502 N. Division St. Salisbury, Md.	6/2/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	6-4-50	Tyaskin Com	Tyaskin	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-2-50	Mary W. Holloway	Tooker & West	

740 94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JUN 5 1950
BUREAU V. S.

06612

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A13

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.B. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 317 Oak Street

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Bell
4. DATE OF DEATH: (Month) June (Day) 29 (Year) 50

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept. 14-1886
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Wicomico Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Henry Bruntley
14. MOTHER'S MAIDEN NAME: Ellen Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Ella Jones (Daughter) 109 N. Division St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
434.1 Immediate cause	(a) Congestive Heart Failure	2 mon
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107	(b) Bilat. Bronchopneumonia	4 days
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) / INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1950, to 6-29-, 1950, that I last saw the deceased alive on 6-29, 1950 and that death occurred at 3.50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lee L Lawry MD — ADDRESS Fruitland, Md — DATE SIGNED 6-30-50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF July 2-50 — NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park — LOCATION (City, town, or county) Salisbury — (State) Md.

DATE REC'D BY LOCAL REG. 6-30-50 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Co — ADDRESS Salisbury Md.
Walter R. Holloway

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JUL 6 1960
BUREAU V. R.

310

06613

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND: md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Md
STREET ADDRESS (If rural, give location): 4 Ford Street

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) (Last) Booth

4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-19-1902

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Don't Know

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salisbury Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Elizabeth Booth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure.

450.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.

97

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4th, 1950, to June 4th, 1950, that I last saw the deceased alive on June 4th, 1950, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE: C. Dean MD (Degree or title) ADDRESS: 203 W Church St. Salis. DATE SIGNED: 6/6/50.

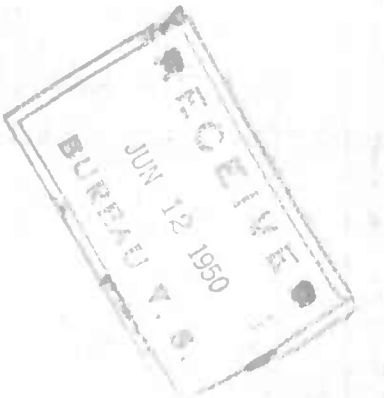
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-10-50 — NAME OF CEMETERY OR CREMATORY: Nebo Cem — LOCATION (City, town, or county) (State): Nebo Del

DATE REC'D BY LOCAL REG.: 6-8-50 — REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR: Booker W Leach — ADDRESS: Salisbury Md

XVX99

VS. A15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JUN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06614

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jersey Rd. Salisbury — LENGTH OF STAY (In this place): 1 yr. 5 mo. 13 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Nutter's Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fruitland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Grant		Bounds	6	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	a a	Single	about 1880	about 70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seaman	Sailing	Maryland	U.S.A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Mrs. Estella Bounds, Fruitland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Apoplexy	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Renal Hypertension	indef.
	(c) Arteriosclerosis.	indef.

446 X
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 24, 19 49, to June 24, 19 50, that I last saw the deceased alive on June 24, 19 50 and that death occurred at 7 P m., from the causes and on the date stated above.

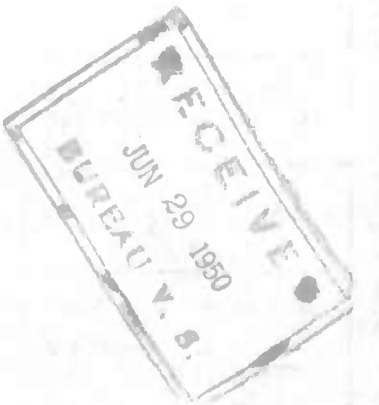
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. A. Purnell,	M. D.	900 W. main St. Salisbury, Md	June 26, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-26-50	Public Cemetery	Salisbury, Wicomico Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-26-50	Mary W. Holloway	James B. Dashiell	Salisbury, Md.

46051

VS. A15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JUN 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06615

CERTIFICATE OF DEATH

Reg. Dist. No. 332

307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND; LENGTH OF STAY (in this place) 6 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 735 W Isabella St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wico.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 735 W. Isabella St.,

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) Rufus (Last) CANTWELL

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 7 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months 11; If under 24 hrs.: Hours 19; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah R. Cantwell

14. MOTHER'S MAIDEN NAME: Sallie Layfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Lillian C. Cantwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (Paralysis Murdock Hemi) — Interval Between Onset and Death: 5 days

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis — Interval Between Onset and Death: Unknown

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy Prostate with retention — 177.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947 to June 5, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at 4.40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos R Mann M.D. Salisbury Md 6/5/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6/7/50

NAME OF CEMETERY OR CREMATORY: Allen Cemetery

LOCATION (City, town, or county) (State): Allen Md.

DATE REC'D BY LOCAL REG.: 6-6-50

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co. ADDRESS: Cheryl C. Hill

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

323

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06616

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md. — LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury STREET ADDRESS (If rural, give location) 106 Fourth Street.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph.		Carr	June	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	colored.		about 1880	about 70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General Work	Dames Quarter, Somerset Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur Carr	Ellen Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		no	Mrs. Sedonia Leonard, 106 Fourth St. Sals, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion & cardiac arrest	sudden death
610 X 137a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertrophied prostate	6 months
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis - generalized	3 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6/13/50	Hypertrophied prostate	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	Hospital	Salisbury	Wicomico	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			Sudden Cardiac arrest during operation

22. I hereby certify that I attended the deceased from ....., 1950, to 6-13, 1950, that I last saw the deceased alive on 6-13, 1950, and that death occurred at 12:32 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J.A. Rodenbaugh	MD	102 Normes St Salisbury Md	6-13-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-18-50	Green Acres Cemetery	Salisbury Wicomico Co.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-16-50	Mary M. Holloway	James B. Dashiell,	Salisbury, md.

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BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06617

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Floyd (Middle) Ellwood (Last) Cole

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 2, 1892

9. AGE last birthday: 57 yrs. — If under 1 year: Months 9 Days 17 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Mt Vernon, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Cole

14. MOTHER'S MAIDEN NAME: Eliza E. Simpkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes World War I

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs. Emma Cole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Coronary Artery Occlusion — minutes

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Artery Sclerosis — 2 yrs
(c) [redacted] Pulmonary emphysema — 1 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1950, to June 10, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 9:10 P m., from the causes and on the date stated above.

SIGNATURE David Gelsinger (Degree or title) MD — ADDRESS Salisbury Md. — DATE SIGNED June 13, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF June 13 1950 — NAME OF CEMETERY OR CREMATORY Asbury Cemetery — LOCATION (City, town, or county) Mt Vernon — (State) Md

DATE REC'D BY LOCAL REG. 6-12-50 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Dale Bushell — ADDRESS Princess Anne, Md

15661

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3.35 PM
Dr Purnell.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06618

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury md; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md.
STREET ADDRESS (If rural, give location) Spring Hill Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis	C	Cornish	6	15	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Mal	Col	Married	Oct 9- 1902	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer Tenant	None	Eden Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Cornish	Alice Smullens.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	212-14-1091	Alice Cornish.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
157x Immediate cause	(a) Carcinoma head of Pancreas.	6 months
46g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Undetermined	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1950, to June 15, 1950, that I last saw the deceased alive on June 15, 1950, and that death occurred at 3:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Purnell, M.D.	800 N. Main St Salisbury, Md	June 16, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-18-50	Lockwalking Cem	Lockwalking Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-17-50	Mary W. Holloway	Booker & Lucas	Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloxom
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Posey (Middle) Byrd (Last) Dickerson

4. DATE OF DEATH (Month) June (Day) 4 (Year) 1950

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Dec, 1907

9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Domestic

11. BIRTHPLACE (State or foreign country) Accomack County, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Isiah Byrd

14. MOTHER'S MAIDEN NAME Mabel Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS George Dickerson, Accomac, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

584X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Subacute calculous Cholecystitis

94a (c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death; 3 weeks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5/23/50

19b. MAJOR FINDINGS OF OPERATION Subacute calculous Cholecystitis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1950, to 6/4, 1950, that I last saw the deceased alive on 6/4, 1950, and that death occurred at 9 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lakademaker MD ADDRESS Salisbury Md DATE SIGNED 6/4/50

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF 6-7-50

NAME OF CEMETERY OR CREMATORY Macedonia Cemetery

LOCATION (City, town, or county) (State) Bloxom, Va.

DATE REC'D BY LOCAL REG. 6-4-50

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR J. Edgar Thomas, Accomac, Va. ADDRESS

52086

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06620

Reg. Dist. No. 332

Dr. Insly

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 301 Wicomico Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 301 Wicomico Street

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Lee (Last) Disharoon

4. DATE OF DEATH: June 5– 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 24– 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months 4, Days 11. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Deal Island Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Webster

14. MOTHER'S MAIDEN NAME: Emma (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Howard F. Disharoon (Son) 301 Wicomico St. Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular renal disease — Interval Between Onset and Death: 3 yrs.

442X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to June 5, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 3.30 P m., from the causes and on the date stated above.

SIGNATURE: Philip A. Insly (Degree or title) ADDRESS: Salisbury, Md DATE SIGNED: 6-6-50.

23. BURIAL, CREMATION, REMOVAL (Specify): DATE: 6/8/50 — NAME OF CEMETERY OR CREMATORY: Parsons cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland.

DATE REC'D BY LOCAL REG.: 6-7-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Md.

Walter R. Holloway

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06621

Evidence for addition of #21 shown on:

FILM No. G 126 JUN 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Eliza (Middle) ~~Ellis~~ Alice (Last) Graham

4. DATE OF DEATH (Month) June (Day) 15th (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Dec. 3, 1859
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lucien M. Bradley
14. MOTHER'S MAIDEN NAME Phoebe Eleanor Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT J. G. Stewart Graham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Embolism	about 20 min
903.0 186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of right femur	9 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Quantico (COUNTY) (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-2-50 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fall on floor (6-26-50 - ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Oleas F. Fisher M.D. (Degree or title) ADDRESS 300 N Division St, Salisbury, Md DATE SIGNED 6/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/18/50
NAME OF CEMETERY OR CREMATORY Quantico Church cemetery
LOCATION (City, town, or county) Quantico, Md. (State)

DATE REC'D BY LOCAL REG. 6-17-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. George C. Hill II ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.-A15A

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06622

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316

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Ocean City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Caroline (Middle) B. (Last) Hatter

4. DATE OF DEATH (Month) June (Day) 5 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec. 14, 1903
9. AGE last birthday 46 yrs. If under 1 year Months 5 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Calis, France.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Bonne
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr. Thomas Hatter, Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of Uterus — Symptoms 2 mos.

(c) Cerebrovascular Lesion - Thrombosis Diabetes Mellitus

174x 48a 260x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April, 1950
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Uterus
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1950, to June 5, 1950, that I last saw the deceased alive on June 5, 1950, and that death occurred at 6.10 p.m., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) MD ADDRESS Salisbury Md. DATE SIGNED 6/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/7/50
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 6-9-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Anne A. Burbage ADDRESS Berlin Md

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-A15

06623

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jesterville
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jesterville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) UPTON (Last) HEATH

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov. 19, 1898

9. AGE last birthday 51 yrs. If under 1 year: Months 6 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Life Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY Insurance

11. BIRTHPLACE (State or foreign country) Jesterville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel E. Heath

14. MOTHER'S MAIDEN NAME Julia R. Heath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —

16. SOCIAL SECURITY No. 21440-9615

17. INFORMANT AND ADDRESS Marie M. Heath

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
180x Immediate cause	(a) Carcinomatosis - Cardiac arrest	~~[illegible]~~
52a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the Kidney	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1947

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Kidney Salisbury Wicomico

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1950 to 6/15, 1950, that I last saw the deceased alive on 6/15, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE R C Cloninger (Degree or title) ADDRESS Nanticoke DATE SIGNED 6-16-50 Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE June 18, 1950

NAME OF CEMETERY OR CREMATORY Wicomico Memorial Cem.

LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 6-17-50

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR C. G. Messick ADDRESS Bevalve, Md

27480

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MARYLAND STATE DEPARTMENT OF HEALTH

309

06624

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (In this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne R.F.D.
STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Birnia (Middle) (Last) Holmes

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept 1. 1944

9. AGE last birthday: 5 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Toby Holmes

14. MOTHER'S MAIDEN NAME: Anna Mary Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Anna M. Holmes (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Burned to death — INTERVAL BETWEEN ONSET AND DEATH: 13 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
916.0 / 181
(b)
(c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) near Princess Anne (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): May 24. 1950 ?m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Clothes caught from stove

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Henry M. Lankford — (Degree or title) M.D. — **ADDRESS**: Princess Anne Md — **DATE SIGNED**: 6/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF**: 6-7-50 — **NAME OF CEMETERY OR CREMATORY**: John Wesley — **LOCATION** (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REG.: 6-7-50 — **REGISTRAR'S SIGNATURE**: Mary W. Holloway — **24. FUNERAL DIRECTOR**: William H. Jones Jr — **ADDRESS**: Princess Anne, Md

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06625

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Pine St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) 205 Pine St.

3. NAME OF DECEASED (Type or Print) (First) ALICE (Middle) (Last) HUTCHISON

4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11-9-1883
9. AGE last birthday 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Wicomico County, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Oscar Hutchison - Delmar, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma of uterus (corpus) 18 mo.

172X Antecedent cause(s)

48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to 6-3, 1950, that I last saw the deceased alive on 6-2, 1950, and that death occurred at 3:10 A m., from the causes and on the date stated above.

SIGNATURE J. V. Sohler (Degree or title) M.D. ADDRESS Delmar, Del. DATE SIGNED 6-5-50

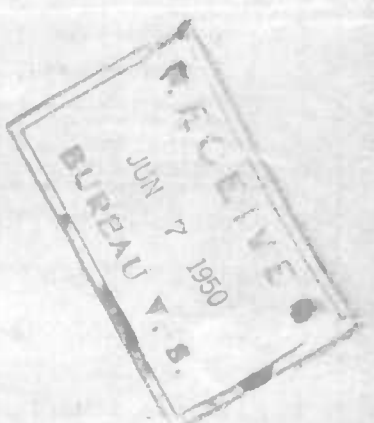
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-6-1950
NAME OF CEMETERY ~~OR CREMATORY~~ Greensboro, Md.
LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. June 5, 1950
REGISTRAR'S SIGNATURE Harry E. Hudson
24. FUNERAL DIRECTOR W. S. Marvel Co. ADDRESS Delmar, Del

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1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JUN 7 1950
BUREAU V. S.

06626

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Camden ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Home COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Camden ave

3. NAME OF DECEASED (Type or Print) (First) T (Middle) Sangston (Last) Insley

4. DATE OF DEATH (Month) 6 (Day) 30 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 11/18/1872
9. AGE last birthday 77 ✓ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Lawyer
11. BIRTHPLACE (State or foreign country) Crops. Don Co
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Leam Asbury Insley
14. MOTHER'S MAIDEN NAME Not Remember

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ✓
17. INFORMANT Philip A Insley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary thrombosis	3 hrs
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to June 30, 1950, that I last saw the deceased alive on June 30, 1950, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE Philip A. Insley (Degree or title) ADDRESS Salisbury Md DATE SIGNED 6-30-50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 7/2/50
NAME OF CEMETERY OR CREMATORY Christ Church
LOCATION (City, town, or county) Cambridge (State) Md

DATE REG'D BY LOCAL REG. 6/30/50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Lefaucette Funeral Service ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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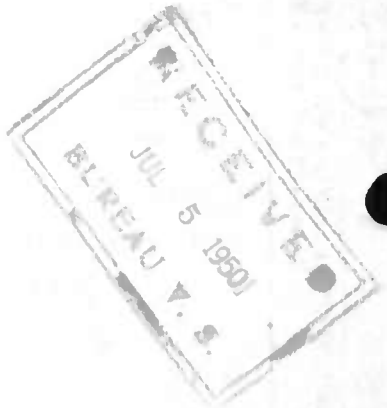
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06627

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hosp/

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) 707 Grove

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Evans (Last) Kelley

4. DATE OF DEATH (Month) (Day) (Year) June 11, 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 21, 1876

9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Railroad Conductor

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Wilmington, Del.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Kelley

14. MOTHER'S MAIDEN NAME Mary Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---

16. SOCIAL SECURITY No. 716-01-6883

17. INFORMANT AND ADDRESS Mrs Jas. E. Kelley, Delmar, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

455x Immediate cause (a) Arteriosclerotic Cardiovascular Disease

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gangrene of left leg

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 mon

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-10-50

19b. MAJOR FINDINGS OF OPERATION Gangrene left leg.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6, 1950, to 6-11, 1950, that I last saw the deceased alive on 6-10, 1950, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE H. A. Briele (Degree or title) MD ADDRESS 604 N Division St DATE SIGNED 6-13-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6-13-50

NAME OF CEMETERY OR CREMATORY Mt Olive Methodist

LOCATION (City, town, or county) (State) Delmar, Del.

DATE REC'D BY LOCAL REG. 6-13-50

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR W.S. Marvel Co. ADDRESS Delmar, Delaware

10247

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JUN 15 1950
BUREAU V. S.

Evidence for cause of death on Film G127 8-31-50.s.
Dr Yeaman

314

06628

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 305 South Boulevard

3. NAME OF DECEASED (Type or Print) (First) Terry (Middle) Lynn (Last) Lombardo

4. DATE OF DEATH (Month) June (Day) II (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Child

8. DATE OF BIRTH June 14, 1948

9. AGE last birthday I yrs. If under 1 year Months II Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Phillip Lombardo

14. MOTHER'S MAIDEN NAME Lottie W. Hitchens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mr. Phillip Lombardo (Father) 305 South Boulevard, Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

481X Immediate cause (a) Acute Meningo-encephalitis

33b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Autopsy showed — Bacillus Influenza (9/1/50 — D.S.)

(c)

INTERVAL BETWEEN ONSET AND DEATH 24 hours.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1950, to June 11, 1950, that I last saw the deceased alive on June 11, 1950 and that death occurred at 10:35 a.m., from the causes and on the date stated above.

SIGNATURE John H. Yeaman (Degree or title) M.D. ADDRESS 238 Camden Ave; Salisbury DATE SIGNED 6-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 13, 1950

NAME OF CEMETERY OR CREMATORY Parsons Cemetery

LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 6-12-50

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Company - ADDRESS Salisbury, Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
JUN 14 1939
BUREAU V. S.

Dr. Fisher

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06629

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): R.D. # I

3. NAME OF DECEASED (Type or Print): Avery (First) Todd (Middle) Malone (Last)

4. DATE OF DEATH: June (Month) I (Day) 1950 (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 10-1893

9. AGE last birthday: 58 yrs. If under 1 year: Months 4, Days 21, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owned Farm

11. BIRTHPLACE (State or foreign country): R.D. Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander G. Malone

14. MOTHER'S MAIDEN NAME: Elizabeth Belle Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): World War # I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Margaret V. Malone (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Delerium Tremens — Interval Between Onset and Death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Acute Alcoholism — 6 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30, 1950, to 6/1, 1950, that I last saw the deceased alive on 5/31, 1950, and that death occurred at 3:00A. m., from the causes and on the date stated above.

SIGNATURE: Chas. G. Fassitt M.D. (Degree or title) ADDRESS: Salisbury, Md. DATE SIGNED: 6/2/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 3-50 — NAME OF CEMETERY OR CREMATORY: Parson Cemetery — LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG.: 6-2-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

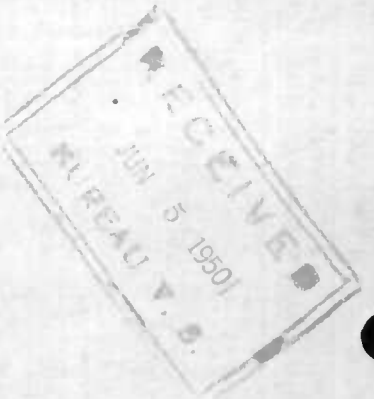
24. FUNERAL DIRECTOR: Holloway & Company - Salisbury, Md. — ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
JUN 5 1950
BUREAU V. P.

3M

C

Dr. Lawrence

66630

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Ocean City Road. RD#4

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Niblett

4. DATE OF DEATH (Month) (Day) (Year) 6 - 19 1950

5. SEX Female.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 6-15-50

9. AGE last birthday 4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) P.G. Hospital Salisbury Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mr John Clinton Niblett

14. MOTHER'S MAIDEN NAME Mary Jane Outten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS John C. Niblett (Father) RD#4. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

770.5 Immediate cause (a) Erythroblastosis foetalis — INTERVAL BETWEEN ONSET AND DEATH 4 hours

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (moderate icterus + edema) (no anemia)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. aspiration Pneumonia + prematurity — 4 hrs. life

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1950, to 6/19, 1950 that I last saw the deceased alive on 6/19, 1950, and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE Ernest M. Larmore (Degree or title) M.D. ADDRESS Delmar Del. DATE SIGNED 6/22/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF June 20-50 NAME OF CEMETERY OR CREMATORY Parsons Cem. LOCATION (City, town, or county) Salisbury Md (State)

DATE REC'D BY LOCAL REG. 6-22-50 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md. Walter R. Holloway

2-0-6-15-0-24-3-38-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
JUN 26 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06631

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

312

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md.
LENGTH OF STAY (in this place) Since 5/16/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hospital Salisbury, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) 703 4th. St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W. (Last) Nottingham

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 2-15-93

9. AGE last birthday: 57 yrs. If under 1 year: Months 3 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning factory

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Nottingham

14. MOTHER'S MAIDEN NAME: Susie Wyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. -

17. INFORMANT AND ADDRESS: Patient on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002x

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 5 years

Antecedent cause(s)

130

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1949, to June, 1950, that I last saw the deceased alive on June 9, 1950, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

SIGNATURE Lee L. Lawrence (Degree or title) ADDRESS Fruitland, Md. DATE SIGNED June 9, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 6/11/50 | NAME OF CEMETERY OR CREMATORY: Salem Methodist | LOCATION (City, town, or county) (State): Pocomoke, Md

DATE REC'D BY LOCAL REG. 6-9-50 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

98 X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 18 1950
BUREAU V. S.

Dr. Fisher

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06632

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 105 Madison Street

3. NAME OF DECEASED (Type or Print): [redacted] (First) William, Fred (Middle) Oliver (Last)

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 2, 1909

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Man - Eastern Shore

10b. KIND OF BUSINESS OR INDUSTRY: Public Service

11. BIRTHPLACE (State or foreign country): Vicksburg Miss.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert B. Oliver

14. MOTHER'S MAIDEN NAME: Kate Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Bertha M. Oliver (Wife) 105 Madison St. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:21 P m., from the causes and on the date stated above.

SIGNATURE William H. Fisher Jr. (Degree or title) ADDRESS DATE SIGNED 6-15-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 6/18/50 | NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park | LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG. 6-15-50 | REGISTRAR'S SIGNATURE Mary D. Holloway | 24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Md.

45058

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 19 1980
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06633

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Wicomico
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Florence (Last) Packer

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 25, 1870

9. AGE last birthday: 79 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Quicksburgh, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hess

14. MOTHER'S MAIDEN NAME: Ruth Lowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs. Charles Long Pr. Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas — Interval Between Onset and Death: Symptoms 2 weeks

157X
46g

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Heart Disease — Symptoms 5 yrs
(c) Myocardial Insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1950, to June 1, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE Alfred Salem (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 6/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6-4-1959
NAME OF CEMETERY OR CREMATORY: Quinton Cemetery
LOCATION (City, town, or county) (State): Coston, Maryland

DATE REC'D BY LOCAL REG. 6-3-59
REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR: Lewis B. Wilson
ADDRESS: Princess Anne, Md.

VS. A15

RECEIVED
JUN 8 1950
BUREAU V. S.

332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06634

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) Since 9/29/47
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hosp. Salisbury, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Harvey (Last) Painter
4. DATE OF DEATH (Month) June (Day) 23 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Mar. 15, 1929
9. AGE last birthday 21 yrs. If under 1 year Months 3 Days 8 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY At Pitting Station
11. BIRTHPLACE (State or foreign country) Maryland Rising sun
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Henry Painter
14. MOTHER'S MAIDEN NAME Irene Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 220-22-3151
17. INFORMANT AND ADDRESS Patient on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Far Advanced Pulmonary Tuberculosis — 3 years

002X Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 29, 1947, to June 23, 1950, that I last saw the deceased alive on June 23, 1950 and that death occurred at 12:55p.m., from the causes and on the date stated above.

SIGNATURE S H Hurder (Degree or title) M D Ebenezer ADDRESS Salisbury, Md. DATE SIGNED 6/23/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE June 26-50 NAME OF CEMETERY OR CREMATORY Bethel Cem. LOCATION (City, town, or county) Greenhurst Md. (State)

DATE REC'D BY LOCAL REG. 6-24-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter R Holloway 9027U

RECEIVED
JUN 27 1950
BUREAU U. S.

Gilmore

06635

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 532

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

I

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 7 hr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Oliver (Middle) T. (Last) Payne

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 3, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farm owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Levin Payne

14. MOTHER'S MAIDEN NAME: Sarah Jane Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mr. Morris M. Payne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Coronary Artery Occlusion — Interval Between Onset and Death: 1 day

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Artery Arteriosclerosis — Symptoms yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Myocardial Insufficiency — 6 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE David Coleman (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED June 29, 1950

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: 6-29-50 — NAME OF CEMETERY OR CREMATORY: St. Andrews — LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REG.: 6-29-50 — REGISTRAR'S SIGNATURE: Mary M. Holloway — 24. FUNERAL DIRECTOR ADDRESS: Levin R. Wilson, Princess Anne

DOCVV

RECEIVED
JUL 11 1950
BUREAU OF

06636

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH · COUNTY Wicomico Delmar MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Friendly Lon Convalescence

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Birdale, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Roberta (Last) Phobus
4. DATE OF DEATH (Month) June (Day) 30 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec 17, 1855
9. AGE last birthday 95 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chance, Md
12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME Cyrus Jones
14. MOTHER'S MAIDEN NAME Adeline Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Woodd Ford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
331x	Immediate cause	(a) Cebral Hemorrhage with rt side paralysis	4 days
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
		(c) Chronic Nephritis	3 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1950, to June 30, 1950, that I last saw the deceased alive on June 29, 1950, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S H Lynch Delmar, Md. July 1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 2, 1950
NAME OF CEMETERY OR CREMATORY Fr. Cemetery
LOCATION (City, town, or county) (State) Quebec Md

DATE REC'D BY LOCAL REG. July 1st 1950
REGISTRAR'S SIGNATURE Harry E. Hudson
24. FUNERAL DIRECTOR Dale Dashiell ADDRESS Pr Anne

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1950
BUREAU P.S.

06637

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Priscilla St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Priscilla

3. NAME OF DECEASED (Type or Print) (First) MATTIE (Middle) ELEANOR (Last) RADER
4. DATE OF DEATH (Month) 6 (Day) 17 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-2-1885
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Harrington Del
12. CITIZEN OF WHAT COUNTRY? N S A

13. FATHER'S NAME Jonathan Ryan
14. MOTHER'S MAIDEN NAME Mary E Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Morgan Rader - Priscilla St Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Orthostatic Pneumonia

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebro-vascular Accident

83a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to June 17, 1950, that I last saw the deceased alive on June 16, 1950, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William B. Smith M.D. ADDRESS Salisbury, Md DATE SIGNED 6-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-19-50
NAME OF CEMETERY OR CREMATORY Parsons
LOCATION (City, town, or county) Salisbury, Md (State)

DATE REC'D BY LOCAL REG. June 17 1950
REGISTRAR'S SIGNATURE Harry E Hudson
24. FUNERAL DIRECTOR M.S. Marvel Co. ADDRESS Delmar, Del.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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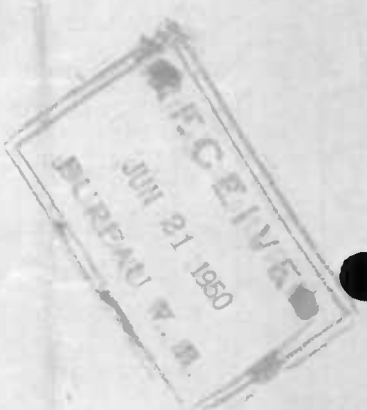
RECEIVED
JUN 21 1950
BUREAU U. S.

06638

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
STREET ADDRESS (If rural, give location) 1300-52nd Ave ✓

3. NAME OF DECEASED (Type or Print) (First) Mollie (Middle) (Last) REH
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 11-30-98
9. AGE fast birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Herman Cohen
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Morris Levy, 2304 Otis St., N.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	immediate
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Atherosclerosis	unknown
1600	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Internal & External Hemorrhoids Gangrenous Prolapsed 1 week.

19a. DATE OF OPERATION June 26, 1950
19b. MAJOR FINDINGS OF OPERATION Prolapsed, gangrenous hemorrhoids filled c̄ clots.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-25, 1950, to 6-27, 1950, that I last saw the deceased alive on 6-27, 1950, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE William B Long (Degree or title) M.D. ADDRESS 504 N. Division St. Salisbury, Md. DATE SIGNED 6-28-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 7-1-50 NAME OF CEMETERY OR CREMATORY Washington National Cemetery LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 6-28-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR W. W. Chambers Co., ADDRESS 517 11th St. N.W., Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1950
BUREAU V. S.

M

317

Dr. Rademaker

06639

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Pine Way R. D. # 3

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Wayne (Last) Richardson

4. DATE OF DEATH (Month) June (Day) 7- (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Child

8. DATE OF BIRTH Jan. 5- 1947

9. AGE last birthday 3 yrs. If under 1 year Months 5 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Salisbury Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Richardson

14. MOTHER'S MAIDEN NAME Louise Hitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. David Richardson (Father)

18. MEDICAL CERTIFICATION Pine Way R. D. # 3 Salisbury, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
812.5	Immediate cause	(a) Compound fractured skull	Sudden
170C	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway

(CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Maryland

TIME OF INJURY (Month) 6 (Day) 7 (Year) 50 (Hour) 3:45 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Ran in front of car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE G. A. Rademaker (Degree or title) Deputy Medical Examiner; ADDRESS 502 N.Division St. Salisbury, Maryland DATE SIGNED 6/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/ 10 / 50

NAME OF CEMETERY OR CREMATORY Wicomico Mem Park

LOCATION (City, town, or county) Salisbury , Maryland (State)

DATE REC'D BY LOCAL REG. 6-9-50

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Company - ADDRESS Salisbury , Md.

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 12 1950
BUREAU T. S.

06640

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

320

1. PLACE OF DEATH: COUNTY ~~Worcester~~ Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gen. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R.F.D.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Doris (Middle) Elizabeth (Last) Rocker

4. DATE OF DEATH (Month) 6 (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec. 28, 1937
9. AGE last birthday 12 yrs. If under 1 year Months 5 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Berlin Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Rocker
14. MOTHER'S MAIDEN NAME Margaret Truitt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Frank Rocker Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aspiration of vomitus during anaesthesia — Sudden death

570.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal volvulus. — 8 hrs

122 b (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compression atrophy pituitary gland — 3 yrs.

19a. DATE OF OPERATION 6-10-50
19b. MAJOR FINDINGS OF OPERATION Volvulus of intestine
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident anaesthetic
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital
(CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) 6 (Day) 10 (Year) 50 (Hour) 5:10 p m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Vomited under anaesthesia - aspirated medical examiner certificate

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:10 p m., from the causes and on the date stated above.

SIGNATURE L. A. Rademacher (Degree or title) Deputy Med Exam ADDRESS M.D. 502 No Ho. Salisbury Md DATE SIGNED 6/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/13/50
NAME OF CEMETERY OR CREMATORY ~~St. Paul's Cem~~ Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 6-16-50
REGISTRAR'S SIGNATURE Miss Helen F. Hayward
24. FUNERAL DIRECTOR Irma A. Burbage ADDRESS Berlin Md

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
JUN 16 1950
BUREAU U. S.

Dr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06641

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury R7; LENGTH OF STAY in this place; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island Md; STREET ADDRESS (If rural, give location) P.O. Box 38

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Robert	Lee	Shores Sr	June	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Strike out)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 20	1897 (53 YRS.)				

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10a. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sailor	Ship yard	Wool Department	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John L. Shores	Evelyn Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Lucy K Shores (Wife)

18. MEDICAL CERTIFICATION — Deal Island Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	4 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	6 months
332 X 838	(c) Cachexia	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 25-50, 19..., to June 19, 19 50, that I last saw the deceased alive on June 19, 19 50, and that death occurred at 11 20 A m., from the causes and on the date stated above.

SIGNATURE: Edward Gilmore (Degree or title) ADDRESS Salisbury Md DATE SIGNED June 20 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/23-50	St Johns M E Deal Island Md	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-20-50	Mary W. Holloway	L. S. Webster	Deal Island

460 4V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1950
BUREAU F. S.

315

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06642

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Naples Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Venton
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Smith

4. DATE OF DEATH (Month) June (Day) 11 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 1, 1862
9. AGE last birthday 88 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac Windsor
14. MOTHER'S MAIDEN NAME Susan Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Mr. E. Mace Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Valvular Heart Disease	2 yrs
Antecedent cause(s)	(b) Arteriosclerosis	[illegible]
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

450.0

92d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis muscle throat — 3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1949, to June 11, 1950, that I last saw the deceased alive on June 11, 1950, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 6/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-13-1950
NAME OF CEMETERY OR CREMATORY Oriole Cemetery
LOCATION (City, town, or county) Oriole, (State) Md.

DATE REC'D BY LOCAL REG. 6-12-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Md.

RECEIVED
JUN 14 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06643

CERTIFICATE OF DEATH

Reg. Dist. No. 332

322

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Salisbury
LENGTH OF STAY (in this place) 7½ mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron Rural
STREET ADDRESS (If rural, give location) R.F.D #2

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) Franklin (Last) Strush

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S.
8. DATE OF BIRTH 5/19/24
9. AGE last birthday 26 yrs. If under 1 year Months - Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Wicomico Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frank Strush -
14. MOTHER'S MAIDEN NAME Annie Gray -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 218-12-1180
17. INFORMANT AND ADDRESS Patient on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis. — INTERVAL BETWEEN ONSET AND DEATH 1/8/45-6/14/50

002X Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/31, 1949, to 6/14, 1950, that I last saw the deceased alive on 6/14, 1950, and that death occurred at 11 10 p.m., from the causes and on the date stated above.

SIGNATURE S H Hunter (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 6/14/50

23. BURIAL CREMATION REMOVAL (Specify) DATE June 17-50 NAME OF CEMETERY OR CREMATORY Parsons Cem. LOCATION (City, town, or county) Salisbury Md. (State)

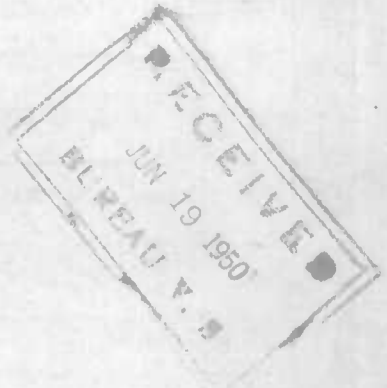
DATE REC'D BY LOCAL REG. 6-15-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.

866 VV Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
JUN 19 1950
BUREAU

Long Bride
Fisher

06644

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Etherage (Middle) (Last) Teagle
4. DATE OF DEATH (Month) June (Day) 23 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 24, 1898
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catching Oysters
10b. KIND OF BUSINESS OR INDUSTRY Seafood Industry
11. BIRTHPLACE (State or foreign country) Chance, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Littleton Teagle
14. MOTHER'S MAIDEN NAME Hester Mariah Reade
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-18-4588
17. INFORMANT AND ADDRESS Lola Teagle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

570.0 Immediate cause (a) Bilateral bronchio-pneumonia

1226 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephrosclerosis

(c) Intussusception

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 6/23, 1950, that I last saw the deceased alive on 6/23, 1950, and that death occurred at 6 50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William H. Fisher Jr. ADDRESS Salisbury, Md. DATE SIGNED 6-23-50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 6-26-50
NAME OF CEMETERY OR CREMATORY Chance, Md.
LOCATION (City, town, or county) (State) Chance, Md

DATE REC'D BY LOCAL REG. 7-3-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield Md ADDRESS

900 V1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
JUL 6 1950
BUREAU V. S.

06645

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Illinois — COUNTY Cook
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicago Illinois
STREET ADDRESS (If rural, give location) 6527 Woodlawn Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	—	Turner	June	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	Aug. 30, 1926	23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None (Student)	None	Illinois	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Era B. Turner	Daisy Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	(Mother) Daisy Turner

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Fractured skull, fractured hip + Crushed Chest.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

825.5
170c

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Route 13	Princess Anne	Somerset	Maryland

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
June 3, 1950 3:45 P.M.			Automobile accident.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lankford	M.D.	Princess Anne Md.	6/3/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 6, 1950	Burr Cemetery	Chicago	Ill.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-3-50	Mary W. Holloway	Wilson Funeral Home, Levin R. Wilson	Princess Anne Md.

RECEIVED
JUN 8 1950
BUREAU V. S.

06646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 20 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Camden avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Camden Avenue

3. NAME OF DECEASED (Type or Print) (First) Emily (Middle) Lyon (Last) Wailes

4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH OCT 2 1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Daniel Lyon
14. MOTHER'S MAIDEN NAME Nanna Bosher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Miss Laura Wailes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Coronary Insufficiency — 2 wks.

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of Breast.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946, to June 14, 1950, that I last saw the deceased alive on June 14, 1950, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE Fred R. Gramse (Degree or title) M.D. ADDRESS Salisbury, Md DATE SIGNED 6/16/50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 6/19/50
NAME OF CEMETERY OR CREMATORY Hollywood
LOCATION (City, town, or county) Richmond, Va (State)

DATE REC'D BY LOCAL REG. 6-17-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hills & Johnson Co. ADDRESS Salisbury, Md
George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

170x

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RECEIVED
JUN 20 1950
BUREAU V. S.

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06647

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 7 1/2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Lakeside

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) EDWARD (Last) WAILES
4. DATE OF DEATH (Month) 6 (Day) 18 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 25 1861
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Lumberman
10b. KIND OF BUSINESS OR INDUSTRY Salesmen
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME E. L. Wailes
14. MOTHER'S MAIDEN NAME Anna Todd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Laura L. Wailes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-vascular renal disease

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 6-18, 1950, that I last saw the deceased alive on 6-18, 1950, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip A. Insley ADDRESS Salisbury, Md DATE SIGNED 6-20-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/20/50
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Md.
DATE REC'D BY LOCAL REG. 6-20-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill

27809

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 22 1950
BUREAU V. S.

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06648

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY - Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 3	STREET ADDRESS (If rural, give location) R.D. # 3

3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle) B	(Last) Walston	4. DATE OF DEATH	(Month) Junen	(Day) I	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 2, 1885	9. AGE last birthday 64 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Owned Farm	11. BIRTHPLACE (State or foreign country) R.D. #3 Salisbury, Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Eugene M. Walston	14. MOTHER'S MAIDEN NAME Charlotte Tabithi Perdue						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Alice M. Walston (Wife)					

18. MEDICAL CERTIFICATION R.D. # 3 Salisbury, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155x Immediate cause (a) Adenocarcinoma gall bladder — 3 months

46f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cholecystitis c̄ Cholelithiasis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION March 20, 1950	19b. MAJOR FINDINGS OF OPERATION Carc. of Gallbladder c̄ liver metastases	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1950, to 6/1, 1950, that I last saw the deceased alive on April 13, 1950, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William B. Long	M.D.	504 N. Division St. Salisbury, Md.	6/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/3/50	NAME OF CEMETERY OR CREMATORY Wico. Mem. Park	LOCATION (City, town, or county) (State) Salisbury, Maryland
DATE REC'D BY LOCAL REG. 6-2-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Holloway & Company - Salisbury, Md.	ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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RECEIVED
JUN 5 1950
BUREAU V. S.

06649

324

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico Co MARYLAND md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury md
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 507 Ward St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury md
STREET ADDRESS (If rural, give location) 507 Ward St

3. NAME OF DECEASED (Type or Print) (First) Gilbert (Middle) (Last) Waters
4. DATE OF DEATH (Month) June (Day) 15 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. ~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH June 1909
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm work
10b. KIND OF BUSINESS OR INDUSTRY Farm hand
11. BIRTHPLACE (State or foreign country) Tyaskin Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Waters
14. MOTHER'S MAIDEN NAME Annie Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Labour (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT Ella Nutter. 507 Ward St., Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asthenia	sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	1 yr.
	(c)	

002X
13b-

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas. T. Fisherman 300 N. Division St., Salisbury, 6/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-18-50
NAME OF CEMETERY OR CREMATORY Tyaskin Cem
LOCATION (City, town, or county) (State) Tyaskin Md

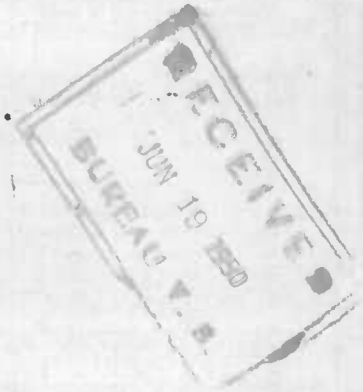
DATE REC'D BY LOCAL REG. 6-16-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker McCleech ADDRESS Salisbury md.

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


RECEIVED
JUN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06650

CERTIFICATE OF DEATH

Reg. Dist. No. 332

302

1. PLACE OF DEATH: COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 6 mo. — STATE MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS Wrights Convalescent

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. — STREET ADDRESS (If rural, give location) Redwood ave.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) addison (Last) Welsh

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/31/1857

9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert Welsh

14. MOTHER'S MAIDEN NAME: Mary Bagwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Lula Hughlett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-vascular renal disease

442 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31, 1950, to 6-1, 1950, that I last saw the deceased alive on 5-31, 1950, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul A Insley — ADDRESS Salisbury, Md. — DATE SIGNED 6-1-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 3, 50 — NAME OF CEMETERY OR CREMATORY Elford — LOCATION (City, town, or county) Elford Md. (State)

DATE REC'D BY LOCAL REG. 6-2-50 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR — ADDRESS Maurice E. Newnam Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1950
BUREAU U.S.

06651

Dr. Rademaker

319

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital	STREET ADDRESS (If rural, give location) R. D. # 4

3. NAME OF DECEASED (Type or Print)	(First) Olen	(Middle) Preston	(Last) Wilkins	4. DATE OF DEATH	(Month) June	(Day) 9-	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Child	8. DATE OF BIRTH Nov. 10- 1938	9. AGE last birthday II yrs.	If under 1 year Months 6	Days 29	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Box	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Worcester Co. Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Virgil Handy Wilkins	14. MOTHER'S MAIDEN NAME Eliza Truitt						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Virgil H. Wilkins (Father)					

18. MEDICAL CERTIFICATION R.D. #4 Salisbury, Maryland

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Burns of entire body	5 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

916.0

181

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None	(CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) 6 (Day) 9 (Year) 50 (Hour) 8 a.m.	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR? Placed oil in boring stone - Blew up

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Rademaker	M.D. - Deputy Med	502 W. Dev St Salisbury Md	6/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/ 12 / 50	NAME OF CEMETERY OR CREMATORY Perdue Cemetery	LOCATION (City, town, or county) (State) Near Powellville Md.
DATE REC'D BY LOCAL REG. 6-12-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Holloway & Company - Salisbury, Md.	ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUN 14 1990
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06652

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mardela; LENGTH OF STAY (in this place) 12 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mardela; STREET ADDRESS (If rural, give location) R3D-2

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LIZZIE	Price	Williams	June	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	Oct. 22, 1892	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Farm helper	Maryland (Quantico)	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Price	Rosie Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	219-05-3822	Willard Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Rectum — Interval between onset and death: 15 mos

154 X 46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Apr 30th 1949	Carcinoma of rectum	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/30, 1949, to 6/24, 1950, that I last saw the deceased alive on 3/4, 1950, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Claude T. Fisher M.D. 300 N Division St Salisbury Md 6/26/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 27, 1950	Quantico Col. Cemetary	Quantico, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-26-50	Mary W. Holloway	C. T. Wasick, Bivalve, Md.

866VV

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JUN 29 1950
BUREAU T. S.

06653

Dr. Fisher

308

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cor. Oak & Race St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Cor. Oak & Race St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Van (Last) Williamson

4. DATE OF DEATH (Month) 6 (Day) 4 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH Oct. 24-1892

9. AGE last birthday 57 yrs. If under 1 year Months 8 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocerman

10b. KIND OF BUSINESS OR INDUSTRY Owner of Store (Grocery)

11. BIRTHPLACE (State or foreign country) Bridgeville Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Mitchell Williamson

14. MOTHER'S MAIDEN NAME Ann Elizabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War # I

16. SOCIAL SECURITY No.

17. INFORMANT Mrs. Elizabeth Wells (Sister)

18. MEDICAL CERTIFICATION Main St. Hebron Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease — Sudden.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Chas. F. Fisher M.D. (Degree or title) ADDRESS 300 N Division St, Salisbury, Md DATE SIGNED 6/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/7/50

NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park

LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 6-7-50

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS Holloway & Company - Salisbury, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUN 9 1950
BUREAU F. S.